10/699377

Application or Docket Number														
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 674509-2052.1														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EN	TITY	OR	OTHER SMALL		
TO	AL CLAIMS	•	54	SH				RAT	Е	FEE		RATE	FEE	•
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	•
TOTAL CHARGEABLE CLAIMS			SH mi	SH minus 20=		34		X\$ 8)=		OR	X\$18=	GIZ	ļ.
INDEPENDENT CLAIMS			4 m			' /		X43	æ		OR	X86=	86	
MUL	TIPLE DEPEN	DENT CLAIM	PRESENT					+145=			OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2									AL		OR	TOTAL	1468	
CLAIMS AS AMENDED - PART II OTHER THAN														
		(Column 1		(Cotu	mn 2) ÆST	(Column 3	4	SMA	LL	ADDI-	OR I	JAME	ADDI-	
A		REMAINING AFTER	,	PREVI	BER	PRESENT EXTRA		RATE	E	TIONAL	OR OR	RATE	TIONAL	٠
AMENDMENT		AMENDMEN		_	FOR	-0	1	XS:	9=			X\$18=		
S S	Total Independent	· 10	Minus	1 7	7	-0	1	X43				X86=		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM		1					+290=		
								119		//	OR			
Claims 45-46,48, 30-54 Can-ADDITE										L	Jon	ADDIT. FEE		
	0/: 1	(Column 1	<u> </u>	HIG	HEST		ጎ			ADDI,	1		ADDI-	
9 1	123/17	REMAINING AFTER AMENDMEN	7	PREV	MBER 10USLY D FOR	PRESENT	1	RA*	TE	TIONAL	j	RATE	TIONAL FEE	•
AMENDMENT O	Total	AMENDME	Mings	1 - 1		- /		XS	9-	/	OR	X\$18=		
BEN	Independent . Minus					- /		X4:	3= ,		OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT					/	J	+14	5_		OR	+290=		
						•	•	ADDIT	<u></u>		OR	ADDIT, FE		1
Column 3)														
	\	(Column CLAIMS		. Had	HEST MBER	PRESENT	7			ADD)-	1	RATE	ADDI- TIONAL	1
AMENDMENT C		REMAININ AFTER AMERITA		PRE	nousey D.FOR	EXTRA		PA	TE	TIONAL FEE	1	HAIE	FEE	1
	Total	.41	Minus	1	Y	•	4	xs	9-		OR	X\$18-	1	
MEN	tndependent	• /	Minus]/		-/-	4.	X4	3=		JOH	X86=	1/	1
Ľ	FIRST PRES	ENTATION O	F MULTIPLE C	EPENDE	PI CLAM	<u>- </u>	ل	+14	5=		ОЯ	+290>	1	
• If the entry in column 1 is tess than the entry in column 2, write "0" in-column 3. • If the entry in column 1 is tess than the entry in column 2, write "0" in-column 3. • If the Proviously Paid For" IN THIS SPACE is tess than 20, enter "20." • If the Proviously Paid For" IN THIS SPACE is tess than 20, enter "20." • ADDIT. FEE											E]		
	if the "Highest M "If the "Highest N The "Highest Nu	umber Previous	ly Paid For IN	INIZ CLAN	ں کھیں جی ج		nber				ex in c			1
	tue udueziw	INDEL LISAMOSI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u>.</u>	Paters and	Trad	emeirk Office.	y.s. 0	EPARTMENT	OF COMMER	≆ ⊒
100	MPTO-805 (Rev.	10,00					•				•			